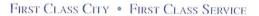


ROCHESTER





ETHICS ORDINANCE DISCLOSURE FORM



AARON S. REEVES, ICMA-CM City Clerk 201 4th Street SE, Room 135 Rochester, MN 55904-3742 (507) 328-2900 FAX (507) 328-2901

NAME: DAN GROTEROSE
ADDRESS: 2316 WESTON DE SW
CITY, STATE, ZIP CODE ROCHETTE, MN 55902

- 1. What is the name of your position, title or job title?
- 2. Is this an employed, appointed, or elected position?
- 3. What is the name of the City department in which you are employed, or City board, commission or elected body on which you serve?
- 4. When were you hired, appointed or elected to this position?

2014

For questions 5, 6 and 7, the word "interest" means a substantial financial interest through your ownership of stocks, bonds, notes or other securities. The word "interest" also includes an interest arising from blood or marriage relationships or close business or political association or other personal relationships. The phrase "doing business" means engaged in any contractual relationship with the City or making application for such relationship or for any relief or benefit available from the City including, but not limited to, variance, permit, license or plat approval.

(SEE REVERSE SIDE)

Ethics Ordinance Disclosure Form Page Two

the City.

5	Please list your interests in real property within the City of Rochester, other than your
٠,	homestead. Complete on a separate page if necessary.
	2 Gots IN FOXHILLON 232 Are SW
	4 Buildings + 2 Lors IN SIENNA Sa. NW
6.	Please list any interests you have in a business doing business with the City.
7.	Please list any interest you have in any business located within, or doing business in,

8. List any and all employment EAMA RE	nt.
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9. List any and all community, civic, or nonprofit organization of which you are a member. If you also serve in any such organization in a leadership or decision-making capacity, please note that capacity. (Please attach a sheet if additional space is needed.)

SEMAR Boys+ Gires CLUB

I hereby certify that the above information is complete and accurate.

Signature

4.28.201

Date

Please mail completed and signed form to: Aaron S. Reeves, ICMA-CM, City Clerk, City Hall, 201 4th Street SE, Room 135 Rochester, MN 55904-3742 2/3/14